

# 06-26-03 DE \$B PART B - FEE(S) TRANSMITTAL

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30350 7590 04/01/2003

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,048	09/15/2000	Robert S. Behl	16807-002400	3396

**TITLE OF INVENTION:** METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXXXX NO	XXXXX \$1,300	\$0	XXXXX \$1,300	07/01/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KEARNEY, ROSILAND STACIE	3739	606-041000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Radio Therapeutics Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature) David T. Burse, Reg. # 37,104 (Date)

David T. Burse

6/23/03

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06/27/2003 SFELEKE2 00000120 502518 09663048

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02 FC:8001

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